| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155321 | A. BUILDING 01<br>B. WING | 06/24/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MILLER'S MERRY MANOR | 5544 EAST STATE BOULEVARD<br>FORT WAYNE, IN46815 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| K0000 | A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 06/24/11<br><br>Facility Number: 000214<br>Provider Number: 155321<br>AIM Number: 100267240<br><br>Surveyor: Amy Kelley, Life Safety Code Specialist<br><br>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.<br><br>This one story facility with a walkout lower level was determined to be of Type II (111) | K0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| | construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has a capacity of 77 and had a census of 60 at the time of this survey.<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/01/11.<br><br>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following: | | | |
| K0056 SS=E | If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5<br>Based on observation and interview, the facility failed to | K0056 | **Please accept this plan of correction as our credible** | 07/24/2011 |

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| | ensure a complete automatic sprinkler system was provided for 4 of 4 resident rooms with newly constructed bathrooms and closets on the 100 hall in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. This deficient practice could affect three of sixteen residents on the 100 hall.<br><br>Findings include:<br><br>Based on an observation with the Maintenance Director on 06/24/11 at 2:00 p.m., during the renovation process a bathroom and a closet were added to resident rooms 102, 112, 115 (still under construction) and 116. The bathroom and the closet in each of these resident rooms lacked sprinkler coverage. This was acknowledged by the Maintenance Director at the time of observation.<br><br>3.1-19(b) | | **allegation of compliance: K056**<br>Safe Care has been contacted and sprinklers will be installed in each bathroom and closet to meet regulations in rooms 102, 112, 115, and 116 by July 24th, 2011. All residents residing on 100 Unit could have been at risk for this deficient practice. The QA tool titled “Life Safety Review” (Attachment A) will be completed weekly x 4 weeks, then monthly by the facility Maintenance Director to ensure sprinklers are added to all newly constructed rooms. **Corrective action will be complete by July 24, 2011.** | |

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| K0069 SS=E | Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96<br><br>Based on observation and interview, the facility failed to ensure the baffle filters in 1 of 1 kitchen exhaust systems were installed correctly. NFPA 96,1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 3-2.5 states filters shall be installed at an angle not less than 45 degrees from the horizontal. This deficient practice could affect any resident, staff or visitor near the kitchen.<br><br>Finding include:<br><br>Based on observation with the Maintenance Director on 06/24/11 at 12:40 p.m., the baffle filters in the kitchen range hood were aligned horizontally in the kitchen range hood exhaust system preventing the grease and other material from dripping into the trough for removal. This was acknowledged by the Maintenance Director at the time of observation.<br><br>3.1-19(b) | K0069 | **K069** The baffle filters in the kitchen range hood have been corrected to meet regulations. All residents in this facility could have been at risk for this deficient practice. The QA tool titled “Life Safety Review" (Attachment A) will be completed weekly x 4 weeks, then monthly by the facility Maintenance Director to ensure proper placement and functioning of baffle filters. **Corrective action will be complete by July 24, 2011.** | 07/24/2011 |

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| K0076 SS=E | Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.<br><br>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.<br><br>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside.<br>NFPA 99 4.3.1.1.2, 19.3.2.4<br>Based on observation and interview, the facility failed to ensure 1 of 2 liquid oxygen storage areas was separated by construction with a one hour fire resistant rating. NFPA 99, 8-3.1.11.1 requires storage for nonflammable gases shall comply with 4-3.1.2. NFPA 99, 4-3.1.1.2(a)requires at least one hour fire resistant enclosures shall be provided for the storage of oxidizing agents such as oxygen. This deficient practice could affect any of the sixteen residents on the 100 hall.<br><br>Findings include:<br><br>Based on an observation with the Maintenance Director on 06/24/11 at 12:30 p.m., a stationary liquid oxygen unit was | K0076 | **K076** The liquid oxygen unit was removed immediately from the unit and moved to the oxygen storage unit outside. All residents could have been at risk for this deficient practice. All nursing staff was inserviced on 7/15/11 on the policy titled "Compressed Gas Plan" (Attachment B). This policy covers the handling, storage, and utilization of compressed gases. The QA tool titled “Life Safety Review" (Attachment A) will be completed weekly x 4 weeks, then monthly by the facility Maintenance Director to ensure proper storage of oxygen. **Corrective action will be complete by July 24, 2011.** | 07/24/2011 |

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| | observed in the corridor of the 100 hall near the nurses' station. At 2:03 p.m. the same liquid oxygen unit was in the corridor near the 100 hall nurses' station. Based on interview with the Maintenance Director, he could not explain why the liquid oxygen unit was stored in the corridor. Based on interview with the Director of Nursing at this time, she stated the liquid oxygen unit was empty. The Maintenance Director removed the liquid oxygen unit and placed it in the oxygen storage unit outside.<br><br>3.1-19(b) | | | |